2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P96000012016

Entity Name: JOHNSON ANESTHESIA, P.A.

Current Principal Place of Business:

3964 TORREY PINES BLVD
SARASOTA, FL 34238

New Principal Place of Business:

3891 SPYGLASS HILL RD
SARASOTA, FL 34238

Current Mailing Address:

8499 S. TAMIAMI TRAIL PMB #230
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 65-0638125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, VICKY C
3964 TORREY PINES BLVD
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

JOHNSON, VICKY C
3891 SPYGLASS HILL RD
SARASOTA, FL 34238 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, VICKY C
Address: 3964 TORREY PINES BLVD
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, VICKY C
Address: 3891 SPYGLASS HILL RD
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKY C JOHNSON PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date